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Bib Data Sheet

CONFIRMATION NO. 1007

SERIAL NUMBER 10/693,833	FILING OR 371(c) DATE 10/24/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 8707-2165
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APPLICANTS

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** CONTINUING DATA ***** N/A

** FOREIGN APPLICATIONS ***** SS
FRANCE 02 13356 10/25/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
01/28/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Stephen R. Smith</u> Examiner's Signature	<u>SRS</u> Initials			

ADDRESS

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TITLE

Management of respiratory pauses of hypopnea in an active implantable medical device of the cardiac pacemaker, defibrillator, cardioverter or multisite device type

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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